

FRINGE BENEFIT MONTHLY PREMIUM RATES

JULY 1, 2020 THROUGH JUNE 30, 2021

HEALTH AND ACCIDENT INSURANCE: (Monthly Premium)

Each full-time employee electing single group health insurance shall be allocated \$652 per month. An employee electing employee +1 group health insurance shall be allocated \$692 per month and an employee electing family health insurance shall be allocated \$817 per month.

Medical Plan	Single	Employee +1	Family
HealthPartners Base Perform Network Plan (\$500 deductible, \$30 co-pay) Mayo Clinic and Hazelden will be paid as out of network coverage Employee pays per month	\$727 \$75	\$1,235 \$543	\$1,735 \$918
HealthPartners VEBA-HRA Open Access Plan (\$1,750 deductible then 70/30) Employee pays per month District Monthly VEBA-HRA allocation:	\$672 \$20 \$116.67	\$1,144 \$452 \$166.67	\$1,608 \$791 \$216.67
HealthPartners HSA High Deductible Open Access Plan (\$3,500 deductible then 70/30) Prescriptions applied toward deductible Employee pays per month	\$605 (\$47)rebate	\$1,028 \$336	\$1,446 \$629
HealthPartners HSA High Deductible SmartCare Plan (\$3,500 deductible then 70/30) Prescriptions applied toward deductible Must use one of these 4 HealthPartners SmartCare Clinics: Maplewood, St. Paul, Burnsville or St. Louis Park as your primary care clinic. Employee pays per month	\$547 (\$105)rebate	\$929 \$237	\$1,306 \$489

2020 HSA Calendar Year Limits: Single: \$3,550 Family: \$7,100 Your contribution/limit will be prorated by the number of months you are enrolled in the HSA. Single is \$295.83 and family is \$591.67 per month.

DENTAL

The District will pay for single dental coverage through Delta Dental at a monthly rate of \$43.00. Family coverage, \$106.00 (employee with one or more dependents) is available at your expense at a monthly rate of \$63.00.

LIFE INSURANCE

The District will pay \$3.08 for a \$35,000 term life insurance policy. Additional supplemental coverage and dependent coverage is also available. Monthly costs are as follows:

<i>Basic Life Insurance</i>	\$.088 per \$1,000 in coverage (district paid)
<i>Supplemental Life Insurance</i>	Based on age
<i>Dependent Life Insurance</i>	\$2.80 (coverage includes \$10,000 coverage for spouse, \$5,000 for each child 6 months to 19 years or 25 years if a full time student, and \$1,000 for each child 14 days to 6 months)
<i>Accidental Death and Dismemberment Coverage</i>	Employee only coverage = \$.22 per \$10,000 Employee & Family coverage = \$.38 per \$10,000

INCOME PROTECTION INSURANCE (Long Term Disability)

The District pays for income protection insurance. The purpose of this insurance is to provide 2/3 of your salary should you become ill or disabled for a period of time in excess of 90 consecutive calendar days. Following the 90th day of disability, this insurance would pay 2/3 of your salary until you are no longer disabled or according to the plan chart, whichever is a shorter period of time. Monthly premium cost = (annual salary ÷ 12) x \$.00235

RETIREMENT (see article XVI in Master Agreement, section IV)

Employee participation is required in order to receive the dollar for dollar match listed below.

Beginning with 4th year of service=2% of base salary, beginning with 10th year of service = 4%.